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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/526,918
Filing Date	11/14/2005
First Named Inventor	Richard P. Anderson
Art Unit	1793
Examiner Name	Mark L. Shevin
Total Number of Pages in This Submission	16561.077

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Correction		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>1. sb21 Transmittal Form (1 pg); 2. Request for Certificate of Correction (2 pgs.); and 3. sb44 Certificate of Correction (1 pg.)</td> </tr> </table>			Remarks	1. sb21 Transmittal Form (1 pg); 2. Request for Certificate of Correction (2 pgs.); and 3. sb44 Certificate of Correction (1 pg.)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUNLAP CODDING, P.C.		
Signature			
Printed name	Michael A. Schade		
Date	02/01/2010	Reg. No.	63,605

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Michael A. Schade	Date	02/01/2010

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